



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R4 / 11-99)

Indiana Election Commission (IC 3-9-1-3, 3-9-1-4)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK  
SEE INSTRUCTIONS ON REVERSE SIDE**

**(CFA-2)**

| FILE NUMBER   |  |   |                   |
|---|--|---|-------------------|
| <b>1. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If <b>YES</b> , please enter the file number in this box  |  |   |                   |
| <b>2. FULL NAME OF COMMITTEE</b> <input type="checkbox"/> Check if this is a new name   |  | <b>3. ACRONYM OR ABBREVIATED NAME, IF ANY</b>   |                   |
| <b>4. MAILING ADDRESS</b> ( <i>Address where all campaign finance correspondence is received</i> ) <input type="checkbox"/> Check if this is a new address  |  |   |                   |
| <b>5. CITY, STATE, ZIP CODE</b>   | <b>6. COMMITTEE TELEPHONE NUMBER</b><br>(    )    (    ) | <b>7. WHEN DID COMMITTEE ORGANIZE?</b> MM-DD-YY |                   |
| <b>8. IS THIS COMMITTEE REGISTERED WITH THE FEDERAL ELECTION COMMISSION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |                   |
| <b>9. IS THIS COMMITTEE CLASSIFIED AS A "LEGISLATIVE CAUCUS COMMITTEE" UNDER IC 3-5-2-27.3</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |                   |
| <b>10. STATE THE PURPOSE OF THE COMMITTEE AND ON WHICH ISSUES THE COMMITTEE EXPECTS TO FOCUS.</b>   |  |   |                   |
| <b>11. NAME AND ADDRESS OF ANY CONNECTED, AFFILIATED, SPONSORING ORGANIZATION, CORPORATION, GROUP, OR INDIVIDUAL.</b>   |  |   |                   |
| <b>12. IS THIS COMMITTEE SUPPORTING THE ENTIRE TICKET OF A POLITICAL PARTY?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES<br>If yes, indicate the name of the party: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican<br><input type="checkbox"/> Other _____  |  |   |                   |
| <b>13. IF SUPPORTING OR OPPOSING A PUBLIC QUESTION, STATE BOTH THE SUBJECT OF THE QUESTION <u>AND</u> THE COMMITTEE POSITION.</b>   |  |   |                   |
| <b>14. CHAIRPERSON:</b> ( <i>List the name, mailing address, daytime and evening telephone numbers</i> )<br><input type="checkbox"/> Check if this is a new chairperson<br><div style="text-align: right;">Daytime (    )<br/>Evening (    )</div>  |  |   |                   |
| <b>15. TREASURER:</b> ( <i>List the name, mailing address, title, daytime and evening telephone numbers</i> )<br><input type="checkbox"/> Check if this is a new treasurer<br><div style="text-align: right;">Daytime (    )<br/>Evening (    )</div>   |  |   |                   |
| <b>16. CUSTODIAN OF RECORDS:</b> ( <i>List the name, mailing address, title, daytime and evening telephone numbers of the person in possession of committee's bookkeeping records</i> )<br><input type="checkbox"/> Check if this is a new custodian<br><div style="text-align: right;">Daytime (    )<br/>Evening (    )</div>   |  |   |                   |
| <b>17. BANKS OR OTHER DEPOSITORIES:</b> ( <i>List all depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds</i> )   |  |   |                   |
| <b>APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>   |  |   |                   |
| 18. I, _____, the chairperson of the foregoing committee appoint<br>_____ as treasurer of the committee.  |  |   |                   |
| <b>ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>  |  | <b>OFFICE USE ONLY</b>                          |                   |
| <b>19. I GIVE NOTICE THAT I ACCEPT THE DUTIES AND RESPONSIBILITIES OF TREASURER OF THIS COMMITTEE.<br/>I AM NOT THE CHAIRPERSON OF ANY OTHER POLITICAL COMMITTEE.</b>   |  |   |                   |
| Signature of Treasurer _____  |  |   | Date signed _____ |
| <b>20. I CERTIFY THAT I AM THE DULY APPOINTED CHAIRPERSON OF THE COMMITTEE AND HAVE EXAMINED<br/>THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.</b>   |  |   |                   |
| Typed or printed name of Chairperson _____  |  | Signature of Chairperson _____                  | Date signed _____ |
| <b>WARNING:</b> Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported <b>within 10 days</b> of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18). |  |   |                   |

## INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be used by Political Action Committees (PACs) or Legislative Caucus Committees as required by IC 3-9-1-3 and 3-9-1-4.

All spaces on this form have been numbered for your convenience and easy reference to these instructions. The preparer should **type or print legibly IN BLACK INK** all information on this form. If more space is needed please attach additional sheets. All previous versions of State Form 28251 are obsolete and cannot be used. (IC 3-5-4-8) State law requires that any changes on this form must be reported **WITHIN 10 DAYS OF THE CHANGE.**

**ITEM 1:** Check "No" if organizing for the first time. Check "Yes" if updating information. If "Yes", enter the previously assigned Election Division or County Election Board file number in the box titled "FILE NUMBER."

**ITEM 2:** Enter full name of the Committee. **Do not abbreviate.** For example: Widget Manufacturers Political Action Committee; Indiana House Federalist Caucus. Check if this is a new name.

**ITEM 3:** Enter acronym or abbreviated name. For Examples: W-PAC; IHFC.

**ITEM 4:** Enter the mailing number and street address of the Committee. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check if this is a new address.

**ITEM 5:** Enter the city, state and ZIP code. *(If known, include ZIP plus four)*

**ITEM 6:** Enter the committee telephone number, including area code. *(This will typically be the committee's daytime telephone number.)*

**ITEM 7:** Enter the date when the Committee was organized. This may be the date the committee solicited or accepted contributions, or made expenditures.

**ITEM 8:** Check "Yes" if the Committee is registered with the Federal Election Commission (FEC).

**ITEM 10:** State the purpose of the Committee and on which issues the Committee expects to focus. For example: A PAC may state, "This Committee is formed as a means for members of the Association of Widget Manufacturers to impact the political process especially in the area of state regulation of widgets and other concerns relating to business."

**ITEM 11:** Enter the name and address of any connected, affiliated, sponsoring organization, corporation, group or individual. For example: If the "Association of Widget Manufacturers" forms "W-PAC," then the association should be listed here. If one or two widget manufacturers form a PAC, then both manufacturers should be listed.

**ITEM 13:** State both the public question and the committee's position. For example: A public question might be "Should horses be allowed to buy lottery tickets on riverboats?" The committee's position is to oppose this question.

**ITEM 14: CHAIRPERSON INFORMATION:** Enter the name, mailing address *(if known, include ZIP plus four)*, daytime and evening telephone numbers, including area code of the chairperson. **NOTE:** The chairperson may not be the treasurer of any other political committee. Check if this is a new chairperson or new information.

**ITEMS 15: TREASURER INFORMATION:** Enter the name, mailing address *(if known, include ZIP plus four)*, daytime and evening telephone number *(including area code)* of committee treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other political committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (current edition). Check if this is a new treasurer, or new information.

**ITEM 16: CUSTODIAN OF RECORDS:** Enter the name, mailing address *(if known, include ZIP plus four)*, title *(bookkeeper, accountant, etc.)*, daytime and evening telephone numbers *(including area code)* of the person who has actual possession of the Committee's bookkeeping records. Check if this is a new custodian or new information.

**ITEM 17:** Enter the name of all banks or other depositories in which the Committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. All funds of a Committee must be segregated from and **MAY NOT** be commingled with the personal funds of officers, members or associates of the Committee.

**ITEM 18: APPOINTMENT OF TREASURER:** This section must be completed in its entirety by the Committee chairperson.

**ITEM 19: ACCEPTANCE OF APPOINTMENT:** The treasurer must provide that individual's written signature verifying acceptance of the duties and responsibilities as Committee treasurer. It is not necessary for an assistant treasurer to complete ITEM 19.

**ITEM 20:** The chairperson must enter that individual's typed or printed name, written signature and date signed in this section.

**NOTICE:** Read and understand the warning printed on the other side of this form. Contact the Indiana Election Division or your County Election Board if you have any questions.